

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-019254

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CARTHAGE

Length of stay in lb
DAYS

57

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

515 PINE ST., CARTHAGE

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JASPER

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN

CARTHAGE

d. STREET
ADDRESS

721 E. SECOND ST.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ELDON

IRA

ASHER

4. DATE
OF DEATH

Month

Day

Year

MAY 16, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/15/01

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHIEF ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

CREAMERY

11. BIRTHPLACE (City and state or country)

AURORA, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GALE ASHER

13b. MOTHER'S MAIDEN NAME

MAUDE GOWER

14. NAME OF HUSBAND OR WIFE

NELLIE MARIE ASHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

NO

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Address

MRS. WM. ROBERTSON, CARTHAGE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Far advanced bronchiectasis

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Pulmonary fibrosis

years

DUE TO (c) Emphysema, pulmonary

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/8/60 to 5/16/62 and last saw him alive on 5/16/62
Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M.D. 1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED

5/16/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

5/19/62

23c. NAME OF CEMETERY OR CREMATORY

PARK CEMETERY

23d. LOCATION (City, town, or county)

CARTHAGE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

5-19-62

26. REGISTRAR'S SIGNATURE

Ely Clinton

1961 JUN 1 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.